



PERMIT # _____

CITY OF CARMEL

Application for Electrical Inspection

CONTRACTOR INFORMATION:	NAME	PHONE	EMAIL	
	ADDRESS	CITY	STATE	ZIP
APPLICANT INFORMATION:	NAME	PHONE:		
	ADDRESS	CITY	STATE	ZIP
TYPE of WORK:	RESIDENTIAL \$71.00 PER INSPECTION <input type="checkbox"/>		COMMERCIAL \$130.00 PER INSPECTION <input type="checkbox"/>	
PROPERTY OWNER INFORMATION:	NAME	PHONE:		
	ADDRESS	CITY	STATE	ZIP
INSPECTION INFORMATION:	ADDRESS	CITY	STATE	ZIP
	DATE OF INSPECTION: ____/____/____		TIME OF INSPECTION: 9-11 <input type="checkbox"/> 10-12 <input type="checkbox"/> 12-2 <input type="checkbox"/> 2-4 <input type="checkbox"/>	

TYPE OF IMPROVEMENT:

- ☐ UPGRADE SERVICE: From _____ to _____
- ☐ METER RELOCATION
- ☐ UPGRADE PANEL BOARD(S)
- ☐ ADDITION, ALTERATION, REMODEL, or REPAIR TO AN EXISTING ELECTRICAL DISTRIBUTION SYSTEM
- ☐ NEW METER SERVICE (i.e. Fountain in pond; Subdivision street or signage lighting; Installation of new utility services for an area)
- ☐ R.O.W. SIGNAL, SENSOR, MONITOR (i.e. Traffic Light)
- ☐ CONNECTION or RECONNECTION TO A RELOCATED STRUCTURE

MOVING SERVICE FROM OVERHEAD TO UNDERGROUND?YES ☐ NO ☐

Number of NEW CIRCUITS: _____

Number of METERS: _____

I CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS COMPLETE AND ACCURATE.

SIGNATURE_____
PRINT_____
DATE**COMMENTS or FURTHER LOCATION CLARIFICATION: (Please attach map of inspection location)**